

## Provider Agreement & Provider Information Worksheet

1. Return the Covid-19 Provider Agreement to NHIP for the facility/clinics administering Covid-19 Vaccines to [C19Enrollment@dhhs.nh.gov](mailto:C19Enrollment@dhhs.nh.gov)
2. Return worksheet with facility and contact information to [NHIS.Support@dhhs.nh.gov](mailto:NHIS.Support@dhhs.nh.gov)

Approved

No

Review all required fields and re-submit forms to [C19Enrollment@dhhs.nh.gov](mailto:C19Enrollment@dhhs.nh.gov) and /or [NHIS.Support@dhhs.nh.gov](mailto:NHIS.Support@dhhs.nh.gov) accordingly

Yes

Attend Covid-19 Vaccine Storage & Handling Training  
(Mandatory training for all users)

Quiz

Fail

Retake Training & Quiz

Pass

Will you be responsible for ordering and tracking Covid-19 Vaccines thru the NH Immunization Program (NHIP)?  
(Required training for all users ordering and tracking Covid-19 Vaccines)

No

No need to attend this training

Yes

Attend NHIS Covid-19 Vaccine Ordering & Inventory Training Course  
(Required training for all users ordering and tracking Covid-19 Vaccines)

Quiz

Fail

Retake Training & Quiz

Pass

Will you be responsible for scheduling and/or administering Covid-19 Vaccines using VINI or VAMS Systems?  
(Required training for all users ordering and tracking Covid-19 Vaccines)

No

No need to attend this training

Yes

Attend NH Vaccine & Immunization Network Interface (VINI) or VAMS Training  
(Required training for all users ordering and tracking Covid-19 Vaccines)

Quiz

Fail

Retake Training & Quiz

Pass

You will receive an Email from:

1. [NHIS.Support@dhhs.nh.gov](mailto:NHIS.Support@dhhs.nh.gov) - If you will be ordering/tracking Covid-19 vaccines.
2. VMS if you will be scheduling and/or administering Covid-19 vaccines.
3. Vaccine Finder - if you are the Organization point of contact on the Provider Agreement.